



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary
Office of Procurement and Support Services Gary I. Goldberg, C.P.M., CPPO, Director
(410) 767-0974

IFB

Data Entry Services for Information Resource Management Administration

Small Business Reserve Only

DHMH/OPASS 10-10107

Addendum #3

Issued October 30, 2009

All persons who are known by the Issuing Office to have received the above-referenced IFB are hereby advised of the following revisions:

Please be advised that the following revisions have been made:

**Part II SPECIFIC REQUIREMENTS/ DELIVERABLES OF PROPOSED CONTRACT
(SPECIFICATIONS) AND BID PAGE:**

BID PAGE

Original reads: Base Contract Year #1, Document Type O, "Total Document Price Contract Year Two." Base Contract Year #3, Document Type O, "Total Document Price Contract Year Two.

Revision:

Revised #1 read: Pages 22 thru 27 – Changes made to show Base Contract Year 1, Documents Type O, Total Document Price Contract Year One, and Base Contract Year #3, Document Type O, Total Document Price Contract Year Three . Please see corrected Bid Page attachments.

Part VI: GENERAL CONTRACT TERMS AND CONDITIONS

Item 40 LIVING WAGE REQUIREMENT

Original reads: Living Wages Law shall pay each covered employee at least \$11.72 per hour, if State contract services valued at 50% or more of the total value of the contract are performed in the Tier 1 Area. If State contract services valued at 50% or more of the total value are performed in the Tier 2 Area, a Bidder shall pay each covered employee at least \$8.81 per hour.

Revision:

Revised #2 read: Living Wage Law shall pay each covered employee at least \$12.25 per hour, if State contract services valued at 50% or more of the total value of the contract performed in the Tier 1 Area. If State contract services valued at 50% or more of the total value are performed in the Tier 2 Area, a bidder shall pay each covered employee at lease \$9.21 per hour.

Original reads: Note: Agency determines where the majority of the service recipients are located and makes a Tier 1 or Tier 2 determination on that basis.

Revision:

Revised #3 read: The contract that results from this IFB will need to be subject to Tier 1 specifications in the Living Wage Agreement if the vendor chosen to perform the work is not doing the work within Maryland.

All other terms and conditions remain unchanged.

This Addendum is issued under the authority of State Procurement Regulations, COMAR 21.05.02.08 and with the approval of the Procurement Officer DHMH.

October 30, 2009
Date



Gary Goldberg, CPM, CPPO
Procurement Officer, OPASS

Page 3
Addendum #3
10-10107

Upon receipt, please return the addendum acknowledgement via fax, e-mail or hardcopy to:

Linda Neeley
Information Resource Management Administration
201 West Preston Street
Baltimore, MD 21201
410-767-3877
LNeeley@dhmh.state.md.us

Page 4
Addendum #3
10-10107

ADDENDUM ACKNOWLEDGEMENT

I acknowledge receipt of Addendum #3 to RFP DHMH/OPASS 10-10107
titled **“Data Entry Services ” Small Business Reserve Vendors Only**

Vendor's Name

Authorized Signatory – (Print/Type)

Signature

Date

BID PAGES

Data Entry Services

Department of Health and Mental Hygiene Information Resources Management Administration Financial Bid Sheet Base Contract Year # 1

BIDDER: _____

Document Type	Estimated Number of Records for 52 wk Period (For bidding purposes only)		Firm Fixed Unit Price per Record	Total Price
A. Burials	36,000	X	\$ _____	= \$ _____
B. Cancer CMS 1500 (NDC)	48,000	X	\$ _____	= \$ _____
C. Cancer UB04 (NDC)	10,000	X	\$ _____	= \$ _____
D. Cancer UB04 (nonNDC)	10,000	X	\$ _____	= \$ _____
E. Death	45,000	X	\$ _____	= \$ _____
F. FMIS M40	12,000	X	\$ _____	= \$ _____
G. FMIS M42	4,000	X	\$ _____	= \$ _____
H. FMIS M43	8,000	X	\$ _____	= \$ _____
I. GES	16,000	X	\$ _____	= \$ _____
J. Kidney CMS 1500	52,000	X	\$ _____	= \$ _____
K. Kidney UB04	27,000	X	\$ _____	= \$ _____
L. Map 3808	500	X	\$ _____	= \$ _____
M. STEPS / PASRR	20,000	X	\$ _____	= \$ _____
N. Medicaid UB04 IP/OP	1,800,000	X	\$ _____	= \$ _____
O. Total Document Price Contract Year One (A+B+C+D+E+F+G+H+I+J+K+L+M+N)				\$ _____
Pick-up & Delivery				
Avg Gas Price (per gallon)*	Number of Round Trips (150 Annually)	X	Price per Round Trip	= \$ _____
P. \$0.01 - \$1.99	30	X	\$ _____	= \$ _____
Q. \$2.00 - \$2.99	30	X	\$ _____	= \$ _____
R. \$3.00 - \$3.99	30	X	\$ _____	= \$ _____

S. \$4.00 - \$4.99	30	X	\$ _____	=	\$ _____
T. \$5.00 or more	30	X	\$ _____	=	\$ _____
U. Total Pick-up & Delivery Price Contract Year 1 (P+Q+R+S+T)					\$ _____
Line "U" used for bidding and contract NTE amount; monthly invoice amount based on gas price for month being billed					
* Based on average price per gallon of Regular unleaded gasoline for the Washington-Baltimore DC-MD-VA-WV region for the most recent month preceding the billing month, according to the U.S. Dept. of Labor Consumer Price Index (CPI). (http://www.bls.gov/CPI/) SEE ATTACHMENT D for sample					
Total Price For Base Contract Year One (O + U)					= \$ _____
					TOTAL YEAR 1

Important: Do not alter this page. Failure to fill out this bid page completely, or altering the bid page in any way may render your bid non-responsive. Should you have any questions regarding this bid page contact the Procurement Officer identified in PART I.

Data Entry Services

Department of Health and Mental Hygiene Information Resources Management Administration Financial Bid Sheet Base Contract Year # 2

BIDDER: _____

Document Type	Estimated Number of Records for 52 wk Period <i>(For bidding purposes only)</i>		Firm Fixed Unit Price per Record	Total Price
A. Burials	36,000	X	\$ _____	= \$ _____
B. Cancer CMS 1500 (NDC)	48,000	X	\$ _____	= \$ _____
C. Cancer UB04 (NDC)	10,000	X	\$ _____	= \$ _____
D. Cancer UB04 (nonNDC)	10,000	X	\$ _____	= \$ _____
E. Death	45,000	X	\$ _____	= \$ _____
F. FMIS M40	12,000	X	\$ _____	= \$ _____
G. FMIS M42	4,000	X	\$ _____	= \$ _____
H. FMIS M43	8,000	X	\$ _____	= \$ _____
I. GES	16,000	X	\$ _____	= \$ _____
J. Kidney CMS 1500	52,000	X	\$ _____	= \$ _____
K. Kidney UB04	27,000	X	\$ _____	= \$ _____
L. Map 3808	500	X	\$ _____	= \$ _____
M. STEPS / PASRR	20,000	X	\$ _____	= \$ _____
N. Medicaid UB04 IP/OP	1,800,000	X	\$ _____	= \$ _____
O. Total Document Price Contract Year Two (A+B+C+D+E+F+G+H+I+J+K+L+M+N)				\$ _____
Pick-up & Delivery				
Avg Gas Price (per gallon)*	Number of Round Trips (150 Annually)	X	Price per Round Trip	
P. \$0.01 - \$1.99	30	X	\$ _____	= \$ _____
Q. \$2.00 - \$2.99	30	X	\$ _____	= \$ _____
R. \$3.00 - \$3.99	30	X	\$ _____	= \$ _____
S. \$4.00 - \$4.99	30	X	\$ _____	= \$ _____
T. \$5.00 or more	30	X	\$ _____	= \$ _____
U. Total Pick-up & Delivery Price Contract Year 2 (Q+R+S+T+U)				\$ _____

Line "U" used for bidding and contract NTE amount; monthly invoice amount based on gas price for month being billed	
* Based on average price per gallon of Regular unleaded gasoline for the Washington-Baltimore DC-MD-VA-WV region for the most recent month preceding the billing month, according to the U.S. Dept. of Labor Consumer Price Index (CPI). (http://www.bls.gov/CPI/) SEE ATTACHMENT D for sample	
Total Price For Base Contract Year Two	(O + U) = \$ TOTAL YEAR 2

Important: Do not alter this page. Failure to fill out this bid page completely, or altering the bid page in any way may render your bid non-responsive. Should you have any questions regarding this bid page contact the Procurement Officer identified in PART I.

Data Entry Services

Department of Health and Mental Hygiene Information Resources Management Administration Financial Bid Sheet Base Contract Year # 3

BIDDER: _____

Document Type	Estimated Number of Records for 52 wk Period <i>(For bidding purposes only)</i>		Firm Fixed Unit Price per Record	Total Price
A. Burials	36,000	X	\$ _____	= \$ _____
B. Cancer CMS 1500 (NDC)	48,000	X	\$ _____	= \$ _____
C. Cancer UB04 (NDC)	10,000	X	\$ _____	= \$ _____
D. Cancer UB04 (nonNDC)	10,000	X	\$ _____	= \$ _____
E. Death	45,000	X	\$ _____	= \$ _____
F. FMIS M40	12,000	X	\$ _____	= \$ _____
G. FMIS M42	4,000	X	\$ _____	= \$ _____
H. FMIS M43	8,000	X	\$ _____	= \$ _____
I. GES	16,000	X	\$ _____	= \$ _____
J. Kidney CMS 1500	52,000	X	\$ _____	= \$ _____
K. Kidney UB04	27,000	X	\$ _____	= \$ _____
L. Map	500	X	\$ _____	= \$ _____
M. STEPS / PASRR	20,000	X	\$ _____	= \$ _____
N. Medicaid UB04 IP/OP	1,800,000	X	\$ _____	= \$ _____
O. Total Document Price Contract Year Three (A+B+C+D+E+F+G+H+I+J+K+L+M+N)				\$ _____
Pick-up & Delivery				
Avg Gas Price (per gallon)*	Number of Round Trips (150 Annually)	X	Price per Round Trip	
P. \$0.01 - \$1.99	30	X	\$ _____	= \$ _____
Q. \$2.00 - \$2.99	30	X	\$ _____	= \$ _____
R. \$3.00 - \$3.99	30	X	\$ _____	= \$ _____
S. \$4.00 - \$4.99	30	X	\$ _____	= \$ _____
T. \$5.00 or more	30	X	\$ _____	= \$ _____
U. Total Pick-up & Delivery Price Contract Year 3 (Q+R+S+T+U)				\$ _____

Line "T" used for bidding and contract NTE amount; monthly invoice amount based on gas price for month being billed	
* Based on average price per gallon of Regular unleaded gasoline for the Washington-Baltimore DC-MD-VA-WV region for the most recent month preceding the billing month, according to the U.S. Dept. of Labor Consumer Price Index (CPI). (http://www.bls.gov/CPI/) SEE ATTACHMENT D for sample	
Total Price For Base Contract Year Three (O + U)	= \$ TOTAL YEAR 3

Total Price For Base Contract Year One	\$
Total Price For Base Contract Year Two	\$
Total Price For Base Contract Year Three	\$
TOTAL CONTRACT BASE PRICE (Years 1 + 2 + 3) BASIS FOR AWARD	\$

NOTE #1: Offerors must propose a price for every Document type indicated above. Partial Offers are not permitted. Offers that omit a proposed price for any of the document types required shall not be considered.

NOTE #2: The Department intends to make a Single Award as a result of this solicitation. The Contract that results from this IFB shall be an Indefinite Quantity Contract with Firm Fixed Unit Prices, in accordance with COMAR 21.06.03.02 and 21.06.03.06.

NOTE #3: The "Total Document Price" specified in each of the base years is based on model quantities and will be used solely for bidding purposes and selection for recommendation for award. The "Estimated Number of Records for 52 Week Period" is for bidding purposes only. The Department does not guarantee any maximum or minimum quantities of records to be provided, but the contract shall establish a not to exceed contract amount. The actual amount to be paid to the Contractor shall be calculated using the Firm Fixed Unit Prices specified on the Financial Bid Sheet (Price per Record) and the actual number and type of records processed by the Contractor.

NOTE #4: Pick up and Delivery Price – The number of round trips at each level are estimates for bidding purposes only. The Department does not guarantee any minimum or maximum number of trips at any price level. The contract not to exceed amount shall be based on Total Pick-up and Delivery Price for Line T. The monthly invoice amount shall be calculated using the quoted price per trip for the appropriate CPI Average Gas Price times the number of round trips that month; actual amounts paid to the Contractor shall be based on number of trips and corresponding rate per trip.

NOTE #5: All Offered prices entered above are to be fully-loaded prices that include all costs/expenses associated with the provision of services, as required by this IFB. The Proposed prices shall include, but are not limited to, one-time programming and set-up costs, labor, profit/overhead, general operating, and all other expenses except as expressly excluded in the IFB specifications. No other amounts will be paid to the Contractor.

NOTE #6: By submitting this bid, the bidder, in the event of contract award, agrees to accept payments by electronic funds transfer unless the State Comptroller's Office grants an exemption. See Part I, Electronic Funds Transfer.

These bid prices are attested to by:

Signature
Printed Name

Title

Date

Federal Tax ID Number

Important: Do not alter these pages. Failure to fill out these bid pages completely, or altering the bid pages in any way may render your bid non-responsive. Should you have any questions regarding these bid pages contact the Procurement Officer identified in PART I.